

National Association for Interpretation REGIONAL LEADERSHIP COUNCIL REIMBURSEMENT FORM

Instructions to Payee: If *Regional* funds are affected, DO NOT USE THIS FORM. Please use the standard *REIMBURSEMENT FORM* and send copy to regional treasurer. If *Regional Leadership Council* funds are affected, send *this* form to national office at PO Box 2246, Fort Collins CO 80522 or fax form to 970-484-8179. Please attach all receipts. Requests for reimbursement may be denied if receipts cannot be produced. Mileage is reimbursed at the federal government rate specified under current tax law.

I am requesting reimbursement for the items listed below in connection with my official duties as a member/representative of the Regional Leadership Council.

Print name and address of payee:

Name _____ Position _____

Address _____

City, State, Zip _____

Phone _____ e-mail _____

SSN or FEIN _____

Date Expense Incurred	Item Amount Office Use Only		

Total Amount of Check _____

Submitted by: _____
Signature

